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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 146200005		C	II Y OR TOV	VN WHITMA	IN
APPLICATION FOR	R RENEWAL:	Annı	ıal	LIC	ENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME:	COLUMBIAN A	ASSO. OF WHIT	TMAN IN	C.		
DOING BUSINESS	A K.OF C. CARI	DINAL SPELLM	IAN COU	NCIL #347		
ADDRESS 1195 BE	DFORD ST.					
CITY/TOWN: WH	ITMAN	STATE:	MA	ZIP CODE	: 02382	
	MEY, T HARD	YPE OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAI	L ADDRESS		_
DESCRIPTION OF	LICENSED PREN	MISES:				
1 STORY, LOUNGE	E, RECREATION	ROOM, KITCH	EN AND	TWO STOR	AGE ROOMS.	
I hereby certify and s	wear under penalt	ies of perjury tha	ıt:			
	ed license will be	• •		-		
	ee has complied w				ng to taxes; and	
3. the premis	ses are now open f	or business (If n	ot explain	below)		
SIGNED BY:	Individual, Partı	ner or Authorized	l Corpora	te Officer		
DATE:	TELEPHO	ONE NUMBER:		EMPLC	YER IDENTIFICA	TION NUMBER:
				(Note: NOT	Individual Social	Security Number)
We the undersigned Acts of 2004, signed license and (2) the o	d by the building	inspector and tl	ne head o	f the fire dep	artment for the	above named
Please Check Below:				LOCAL LICI	ENSING AUTH	ORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved expla	un)					
	,			-		
	,					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 146200006		CITY OR	TOWN	WHITMA	N
APPLICATION FO	OR RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
	: WHITMAN POST		SSOCIATI	ON INC		
DOING BUSINESS	S A WHITMAN V.F.	W.				
ADDRESS 95 ESS	EX ST.					
CITY/TOWN: WI	HITMAN	STATE: MA	ZIP C	ODE:	02382	
	AINEY,RICHAR TYF LLEN	'E OF LICENSE:Cl	ab	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS			<u> </u>
DESCRIPTION OF	F LICENSED PREMIS	SES:				
	FIRST FLOOR KITCH FLOOR: KITCHEN,					
I hereby certify and	swear under penalties	of perjury that:				
1. the rene	wed license will be of	the same type for the	same prem	ises now	licensed;	
2. the licen	see has complied with	all laws of the Com	monwealth 1	elating t	to taxes; and	
3. the prem	nises are now open for	business (If not expl	ain below)			
SIGNED BY:	India: dual Danta an	or Authorized Corp	anata Office			
	maividuai, Parmer	or Authorized Corp	orate Office	Γ		
DATE:				MDI OVE	D IDENTIFICAT	TION NUMBER
DATE.	TELEPHON	E NUMBER:				TION NUMBER: Security Number)
			`			
_	ed, attest that we are ed by the building ins	_		_		
	certificate of liquor	-		_		
Please Check Below:			LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	lain)		-			
			-			
DATE:						
DATE.						



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 146200007		CITY OR TOW	N WHIIMA	IN
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	AMERICAN I	LEGION POST #22			
DOING BUSINESS	A				
ADDRESS MEMOR	IAL FLD.LEG.	PKY			
CITY/TOWN: WHI	ITMAN	STATE: MA	ZIP CODE:	02382	
MANAGER: Quim	by, Ralph C	TYPE OF LICENSE: V	eterans club	CATEGORY:	All Alcohol
EMAIL ADDRESS:					7
:	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR I	CMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PRE	EMISES:			
CONSISTS OF ONE	STORY BLDG	G. W/THREE ROOMS A	ND BAR.		
I hereby certify and s	wear under pena	alties of perjury that:			
1. the renew	ed license will b	e of the same type for the	e same premises n	ow licensed;	
2. the license	ee has complied	with all laws of the Com	monwealth relatin	ng to taxes; and	
3. the premis	ses are now oper	n for business (If not exp	lain below)		
SIGNED BY:					
	Individual, Par	rtner or Authorized Corp	orate Officer		
DATE:	TEI EDI	HONE NUMBER:	EMPLO	YER IDENTIFICA	TION NUMBER:
	TELETT	TONE NUMBER.		Individual Social S	
		e are in possession (1) the			
		g inspector and the hea uor liability insurance			
Please Check Below:		,		-	
APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expla	in)				
TI F	,				



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LICENSE NUM	ABER: 146200008		CITY OR TOWN	WHITMAN
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
DOING BUSIN	.ME: O'TOOLE'S PU IESS A RAYNOR AVE.	B, INC.		
CITY/TOWN:		STATE: MA	ZIP CODE:	02382
MANAGER:		TYPE OF LICENSE:R		ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	OF LICENSED PREI			RAGE ROOM,
1. the r 2. the l	and swear under penal renewed license will be icensee has complied v premises are now open	of the same type for the vith all laws of the Con	nmonwealth relating t	
SIGNED BY:	Individual, Part	ner or Authorized Corp	porate Officer	
DATE:	TELEPH	ONE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, s	signed by the building	inspector and the hea	ad of the fire depart	red by Chapter 304 of the ment for the above named or 116 of the Acts of 2010.
Please Check Belov APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENS By:	SING AUTHORITY
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED E	BY LICENSEES DURING THE	MONTH OF NOVEMBER (N	M.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14	46200009		CITY OR TOWN	WHITMAN	N
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: C	'HIROS' BEER PAF	RLOR INC.			
DOING BUSINESS A	VENUS CAFE				
ADDRESS 47 SOUTH	AVE.				
CITY/TOWN: WHITM	MAN	STATE: MA	ZIP CODE:	02382	
MANAGER: DROSO	S, JOHN TYPE	OF LICENSE: Rest	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LIC					
ONE STORY W/FOUR	ROOMS, CELLAR	R FOR STORAGE.			
I hereby certify and swe	ar under penalties of	f perjury that:			
1. the renewed	license will be of the	e same type for the	same premises now	licensed;	
2. the licensee l	has complied with al	l laws of the Comm	onwealth relating to	taxes; and	
3. the premises	are now open for bu	isiness (If not expla	in below)		
SIGNED BY:					
I	ndividual, Partner or	r Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER	R IDENTIFICAT	TON NUMBER:
	TEELITIONE	NUMBER.	(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned, a Acts of 2004, signed by					
license and (2) the cert					
Please Check Below:	•	•			
APPROVED:			LOCAL LICENS	ING AUTHO	JRII Y
DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 146200010		CITY OR TOWN	WHITMAN
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 121 SOU	A THE OFFICE			ILAK
CITY/TOWN: WH	ITMAN	STATE: MA	ZIP CODE:	02382
MANAGER: COAM.	KLEY, KEVIN TYI	PE OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
		EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF			CE DOOM IN DEA	DALL ON THE
FIRST FLOOR. CE		G ROOM W/STOR <i>!</i> GE.	AGE ROOM IN REA	AR ALL ON THE
	ses are now open for	all laws of the Comi business (If not expl	ain below)	o taxes; and
DATE:	TELEPHON	IE NUMBER:		t IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004, signe	d by the building in	spector and the head	d of the fire departi	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl.	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 146200014		CITY OR TOWN WHITM	AIN
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 682 BEI	A WHITMAN L			
CITY/TOWN: WE		STATE: MA	ZIP CODE: 02382	
		TYPE OF LICENSE: Pa		Y: All Alcohol
EMAIL ADDRESS	:	R WEBSITE AND ENTER YOUR I		
DESCRIPTION OF 1 STORY BLDG. S				
2. the licens	wed license will be see has complied w ises are now open	of the same type for the vith all laws of the Comfor business (If not exp		d
	Individual, Part	ner or Authorized Corp	oorate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENSING AUT By:	HORITY
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 146200015				CITY OR	TOWN	WHITMA	AN
APPLICATION FO	R RENEWAL:		Annı	ıal		LICEN	SED FOR	2013
			CLA	SS				YEAR
LICENSEE NAME:	3T CORPOR	RATION						
DOING BUSINESS	A KELLY M	ARKET						
ADDRESS 535 PLY	YMOUTH ST							
CITY/TOWN: WH	IITMAN		STATE:	MA	ZIP C	ODE:	02382	
	AN, THANH ANH	TYPE (	OF LICEN	SE:Pack	cage Store	C	ATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:								
	PLEASE ALSO VISIT	T OUR WEBSIT	TE AND ENTER	YOUR EM	AIL ADDRESS			
DESCRIPTION OF	LICENSED P	REMISES	:					
RETAIL CONVENSION STORAGE SPACES							CE. 500 SF	7
	see has complie	en for bus	iness (If n	ot explai	in below)		o taxes; and	
	Individual, I	Partner or A	Authorized	l Corpor	ate Office	r		
DATE:	TELE	PHONE N	IUMBER:					ATION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)				LOCAL By:	LICENS	ING AUTH	HORITY
DATE:								



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	46200017		CITY OR TOV	VN WHITIMAI	N
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: R DOING BUSINESS A	REGAL MAR				
ADDRESS 401 SOUTH					
CITY/TOWN: WHITM	MAN	STATE: MA	ZIP CODE	: 02382	
MANAGER: VEMIS.	, JOHN G. T	YPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIC TWO FLOOR BLDG. S I hereby certify and swe	CENSED PREM	RSTFLOOR, AND ST		OND FLOOR.	
2. the licensee l	has complied w	of the same type for the correct of the Corfor business (If not expected by the correct of the c	nmonwealth relation		
SIGNED BY:	ndividual, Partı	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	ı		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:			-		



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	146200018	CITY	OK TOWN	WHITMAN	N .
APPLICATION FOR	RENEWAL: Ann	nual	LICENSE	ED FOR 20	013
	CL	ASS			YEAR
DOING BUSINESS A	TEMPLE LIQUORS,INC A TEMPLE LIQUORS,INC				
ADDRESS 42 TEMP					
CITY/TOWN: WHI	rman state:	: MA ZI	IP CODE:	02382	
MANAGER: HARF K	KINS, SHAWN TYPE OF LICE	NSE:Package S	tore CAT	TEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADD	RESS		-
	ICENSED PREMISES:				
	W/FRONT AND REAR STOR vear under penalties of perjury the		DELIVERY IN	REAR.	
2. the license	d license will be of the same type has complied with all laws of tes are now open for business (If	he Commonwea	alth relating to t		
SIGNED BY:	Individual, Partner or Authorize	ed Corporate Of	fficer		
DATE:	TELEPHONE NUMBER		EMPLOYER II (Note: <u>NOT</u> Indivi		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:		LOC By:	CAL LICENSIN	NG AUTHO	ORITY
(If disapproved explain	n)	_			
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 146200019		CITY OR TOWN WHITM	AIN
APPLICATIO	N FOR RENEWAL	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: D & B MCC	G, INC. OMFORT GENERAL ST	ORE	
ADDRESS 50	WASHINGTON ST	ГКЕЕТ		
CITY/TOWN:	: WHITMAN	STATE: MA	ZIP CODE: 02382	
MANAGER:	MCGOUGH, DAVID R.	TYPE OF LICENSE:P	ackage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
ONE STORY	BLDG. W/FRONT	STORE AND REAR STO	RAGE ROOM W/DELIVERY	IN REAR.
	premises are now op	ed with all laws of the Corpen for business (If not expended)  Partner or Authorized Cor		d
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200023		CITY OR TOWN	WHITMAN
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: G & E MANAGEM	ENT CORPORATI	ON	
DOING BUSINESS A TED'S PLACE			
ADDRESS 642 WASHINGTON STREET			
CITY/TOWN: WHITMAN	STATE: MA	ZIP CODE:	02382
MANAGER: GAVRIELIDIS, TYPE ELEFTHERIOS	E OF LICENSE: Re	taurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
ONE STORY BLDG, 2600 SF; 75 SEATS DISHWASHING AREA, MAIN ENTRAN EXITS WITH DELIVERY IN REAR			
I hereby certify and swear under penalties of	of perjury that:		
1. the renewed license will be of the	ne same type for the	same premises now	licensed;
2. the licensee has complied with a		_	o taxes; and
3. the premises are now open for b	usiness (If not expl	in below)	
SIGNED BY: Individual, Partner of	or Authorized Corpo	rate Officer	
DATE: TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigned, attest that we are is Acts of 2004, signed by the building insp license and (2) the certificate of liquor li	ector and the head	of the fire depart	ment for the above named
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(II disapproved expiair)			
DATE:			



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LICENSE NUMBER	: 146200024		CITY	OR TOWN	WHITMAI	N
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 733 BED	A MARCELLO'S	TERPRISES, IN	C.			
CITY/TOWN: WHI	TMAN	STATE: M	IA ZIP	CODE:	02382	
MANAGER: LENC	OCI, JOHN L. TYI	PE OF LICENSE	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
F	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YO	UR EMAIL ADDRI	ESS		_
ONE STORY CONC. CAPACITY OF 80.			OOR AREA	OF 2,700 S	SQ. FT. W/SE	EATING
2. the license	d license will be of e has complied with es are now open for Individual, Partner	all laws of the Cobusiness (If not e	ommonwealt xplain belov	th relating t		
	marviduai, i artiici	of Authorized Co	orporate Offi	icci		
DATE:	TELEPHON	E NUMBER:	(N			TION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	spector and the l	nead of the f	ïre depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCA By:	AL LICENS	SING AUTH	ORITY
DATE:						



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 146200026		CITY OR TOWN	WHITMAN	
APPLICATION	N FOR RENEWAL:	Annual	Annual LICENSED FOR		
		CLASS		YEAR	
LICENSEE NA	ME: SUNRICH, INC.				
DOING BUSIN	NESS A 7-ELEVEN				
ADDRESS 359	BEDFORD ST.				
CITY/TOWN:	WHITMAN	STATE: MA	ZIP CODE:	02382	
	SHAH, T BALLUBHAI M	YPE OF LICENSE:Pacl	kage Store CA	TEGORY: Wine and Malt Regular	
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION	N OF LICENSED PREM	MISES:			
RM FOR STOP		OR TO 230 SQ FT. RET TERS AT COUNTER II OR COOLER.			
I hereby certify	and swear under penalti	ies of perjury that:			
-	_	of the same type for the	same premises now l	icensed;	
		ith all laws of the Comm	=		
3. the p	premises are now open f	or business (If not expla	in below)		
SIGNED BY:					
	Individual, Partn	ner or Authorized Corpor	rate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:	
			(Note: NOT Indi	vidual Social Security Number)	
Please Check Belov	w:		LOCAL LICENSI	NG AUTHORITY	
APPROVED:			By:	NO AUTHORITT	
DISAPPROVE	D:		29.		
(If disapproved	explain)		·		
DATE					
DATE:					



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 146200027		CITY OR TOWN	WHITMAN	V
APPLICATION FO	R RENEWAL:	: Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME:	JAMIE'S OF	WHITMAN INC.			
DOING BUSINESS	A JAMIE'S C	GRILLE & PUB			
ADDRESS 769 BEI	OFORD STRE	ET			
CITY/TOWN: WH	ITMAN	STATE: MA	ZIP CODE:	02382	
	ONEY, ORAH F.	TYPE OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF					
		MENT; RESTAURANT AN DBASEMENT; FIVE EXIT		FIRST FLOC	OR;
	ises are now op	ed with all laws of the Compen for business (If not explored Partner or Authorized Corp	ain below)	o taxes; and	
DATE:	TELE	PHONE NUMBER:			TION NUMBER: ecurity Number)
Acts of 2004, signe	d by the build	we are in possession (1) the ling inspector and the healiquor liability insurance in the liquor liability in the liquor liquor liability in the liquor li	d of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [ (If disapproved expl	ain)				
(11 disapproved expir	·····				
DATE:					



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LICENSE NUMBER	: 146200029		CITY (	OR TOWN	WHITMAI	N
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	McGUIGGAN'S LLC					
DOING BUSINESS	A McGUIGGAN'S LL	C				
ADDRESS 546 WAS	HINGTON STREET					
CITY/TOWN: WHI	TMAN	STATE: MA	ZIF	CODE:	02382	
MANAGER: ROSE	EN, KATHRYNTYPE	OF LICENSE:Re	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
Ī	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDR	ESS		_
	LICENSED PREMISES					
<b>SQUARE FEET ANI</b>	DING IN WHITMAN ( D WILL BE CONVER' ( SIDE OF THE BUIL)	ΓED TO AN IRIS	SH PUB,	WITH EN	TRANCE ON	
I hereby certify and sy	wear under penalties of	perjury that:				
1. the renewe	ed license will be of the	same type for the	e same pr	emises now	licensed;	
2. the license	e has complied with all	laws of the Com	monweal	th relating t	to taxes; and	
3. the premis	es are now open for bu	siness (If not expl	lain belov	w)		
SIGNED BY:	Individual, Partner or	Authorized Corp	orate Off	icer		
DATE:	TELEDIJONE N	MIMDED.	L	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TELEPHONE 1	NUMBER:	(N			ecurity Number)
Acts of 2004, signed	, attest that we are in by the building inspe ertificate of liquor lial	ctor and the hea	d of the	fire depart	ment for the	above named
Please Check Below:			LOCA	AL LICENS	SING AUTH	ORITY
APPROVED: DISAPPROVED:			By:			
(If disapproved expla	l in)					
	,					
DATE.						
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY LICE!	NSEES DURING THE M	MONTH OF I	NOVEMBER (N	M.G.L. Ch. 138 \$ 10	5A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 146200030		CITY OR TOWN WHITM	AN
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: CARANDY	CORPORATION		
DOING BUSIN	ESS A ANDY'S S	EAFOOD & MOORE		
ADDRESS 555	-57 BEDFORD ST			
CITY/TOWN:	WHITMAN	STATE: MA	ZIP CODE: 02382	
	FREDETTE, DANIEL	TYPE OF LICENSE: R	estaurant CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRI	ESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED P	REMISES:		
ADDITIONAL	ENTRANCE/EXIT	TS ONE ADDITIONAL F	E OUTSIDE ENTRANCES, EX ENTRANCE/EXIT FROM THE ON THE FIRST FLOOR.	
I hereby certify	and swear under pe	nalties of perjury that:		
1. the re	enewed license will	be of the same type for the	ne same premises now licensed;	
2. the li	censee has complie	ed with all laws of the Cor	nmonwealth relating to taxes; an	d
3. the p	remises are now op	en for business (If not exp	plain below)	
SIGNED BY:	Individual I	Partner or Authorized Cor	manata Officer	
	individual, i	Partner of Authorized Cor	porate Officer	
DATE:	TELE		EMPLOYER IDENTIFIC	CATION NI IMBER
DITE.	IELE	PHONE NUMBER:	(Note: NOT Individual Socia	
Acts of 2004, s	igned by the build	ing inspector and the he	the certificate required by Cha ad of the fire department for t required by Chapter 116 of th	he above named
Please Check Below	<u>v:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiain)			
DATE:			-	



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LICENSE NUM	BER: 146200032		CITY OR TOWN WHITM	AN
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	ME: STEPHEN VEN	TOLA		
DOING BUSINE	ESS A C.J.'S MARKE	T & DELI		
ADDRESS 7 MA	ARBLE STREET			
CITY/TOWN:	WHITMAN	STATE: MA	ZIP CODE: 02382	
	TEPHEN	YPE OF LICENSE: Pa	ckage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	MISES:		
CONSISTING O	F A WALK-IN COOI THE LEFT; CHECKO	LER AGAINST THE E OUT & DELI CASE AT	NCE INTO A RETAIL AREA BACK WALL; A DISPLAY & FRONT; AND AN OFFICE A EXIT TO THE RIGHT	WINE
I hereby certify a	nd swear under penalti	ies of perjury that:		
1. the re	newed license will be	of the same type for the	e same premises now licensed;	
2. the lic	ensee has complied w	ith all laws of the Com	monwealth relating to taxes; an	d
3. the pr	emises are now open f	or business (If not expl	lain below)	
SIGNED BY:	Individual, Partr	ner or Authorized Corp	orate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED:  DISAPPROVED (If disapproved e	):		LOCAL LICENSING AUT By:	THORITY
DATE:				



www.mass.gov/abcc

LICENSE NUMB	EK: 146200033		CITYORI	OWN WHITMAI	N
APPLICATION F	OR RENEWAL:	Annual		LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	E: THAI ALL SI	EASONS INC.			
DOING BUSINES	SS A				
ADDRESS 11 SO	UTH AVENUE				
CITY/TOWN: W	'HITMAN	STATE: MA	ZIP CO	DE: 02382	
MANAGER: KO	OU, SESEY	TYPE OF LICENSE:Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION O	F LICENSED PR	EMISES:			
	KIT FROM THE I	O SQ FT WITH 2 OUTS KITCHEN; WITH REST			
I hereby certify an	d swear under pen	alties of perjury that:			
1. the rene	ewed license will b	be of the same type for the	e same premis	ses now licensed;	
2. the lice	nsee has complied	with all laws of the Com	monwealth re	lating to taxes; and	
3. the pres	mises are now ope	n for business (If not exp	lain below)		
SIGNED BY:	Individual, Pa	artner or Authorized Corp	oorate Officer		
DATE:	TELEP	HONE NUMBER:	EM	PLOYER IDENTIFICAT	TION NUMBER:
	TEEET	HORE WOMBER.	(Note: ]	NOT Individual Social S	ecurity Number)
Acts of 2004, sign	ned by the buildin	e are in possession (1) the ng inspector and the hea quor liability insurance	d of the fire	department for the	above named
Please Check Below:			LOCAL I	ICENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	piain)				
DATE:					